

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☐ New
☒ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Columbia River Inter-Tribal Fish Commission

* b. Employer/Taxpayer Identification Number (EIN/TIN):

93-0695227

* c. Organizational DUNS:

086625019

d. Address:

* Street1: 729 NE Oregon, Suite 200

Street2:

* City: Portland

County: Multnomah

* State: OR

Province:

* Country: USA

* Zip / Postal Code: 97232

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name: Jon

Middle Name:

* Last Name: Matthews

Suffix:

Title: Finance Director

Organizational Affiliation:

Columbia River Inter-Tribal Fish Commission

* Telephone Number: (503)238-0667

Fax Number: (503) 235-4228

* Email: malj@critfc.org

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Version 02

9. Type of Applicant 1: Select Applicant Type:

K. Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.926

CFDA Title:

EPA Indian General Assistance Program (GAP)

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Oregon, Washington and Idaho

* 15. Descriptive Title of Applicant's Project:

Columbia River Inter-Tribal Fish Commission Water Quality Coordinator

Attach supporting documents as specified in agency instructions

Add Attachments

Delete Attachments

View Attachments

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Version 02

16. Congressional Districts Of:

* a. Applicant **OR-003**

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: **10/01/2010**

* b. End Date: **09/30/2012**

18. Estimated Funding (\$):

* a. Federal	\$230,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$230,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: **Babst**

Middle Name: **Paul**

* Last Name: **Lumley**

Suffix:

* Title: **Executive Director**

* Telephone Number: **(503) 238-0667** Fax Number: **(503) 235-4228**

* Email: **plumley@critfc.org**

* Signature of Authorized Representative: **Babst P. Lumley** * Date Signed: **April 30, 2010**

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Prescribed by OMB Circular A-102

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Water Quality Coord.	66.926	\$ 230,000.00	\$	\$	\$	\$ 230,000.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 230,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 230,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)					
	(1)	FY 2011	(2)	FY 2012		(3)	(4)			
a. Personnel	\$	64,189.00	\$	65,291.00	\$		\$	129,480.00		
b. Fringe Benefits		20,861.00		21,220.00				42,081.00		
c. Travel		3,201.00		1,740.00				4,941.00		
d. Equipment								0.00		
e. Supplies								0.00		
f. Contractual								0.00		
g. Construction								0.00		
h. Other								0.00		
i. Total Direct Charges (sum of 6a-6h)		88,251.00		88,251.00	0.00	0.00		176,502.00		
j. Indirect Charges		26,749.00		26,749.00				53,498.00		
k. TOTALS (sum of 6i and 6j)	\$	115,000.00	\$	115,000.00	\$	0.00	\$	0.00	\$	230,000.00
7. Program Income	\$		\$		\$		\$		\$	0.00

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Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. GAP	\$ 230,000.00	\$	\$	\$ 230,000.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 230,000.00	\$ 0.00	\$ 0.00	\$ 230,000.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 115,000.00	\$ 28,750.00	\$ 28,750.00	\$ 28,750.00	\$ 28,750.00
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 115,000.00	\$ 28,750.00	\$ 28,750.00	\$ 28,750.00	\$ 28,750.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. GAP	\$ 115,000.00	\$ 115,000.00	\$ 115,000.00	\$ 115,000.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 115,000.00	\$ 115,000.00	\$ 115,000.00	\$ 115,000.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: \$176,502.00		22. Indirect Charges: \$53,498.00			
23. Remarks:					